

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
						CLAIMS						*	*
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1					51							
2		1				52							
3		1				53							
4		1				54							
5		1	1			55							
6		1	1			56							
7		1				57							
8		1				58							
9		1				59							
10		1				60							
11		1				61							
12	1	1				62							
13	1	1				63							
14	1	1				64							
15	1	1				65							
16	1	1				66							
17	1	1				67							
18	1	1				68							
19	1	1				69							
20	1	1				70							
21	1	1				71							
22	1	1				72							
23	1	1				73							
24	1	1				74							
25	1	1				75							
26	1	1				76							
27	1	1				77							
28						78							
29						79							
30						80							
31						81							
32						82							
33						83							
34						84							
35						85							
36						86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	1					TOTAL IND.							
TOTAL DEP.	32	30				TOTAL DEP.							
TOTAL CLAIMS	33	267				TOTAL CLAIMS							